



Certification Statement for the Sale or Distribution of Elemental Mercury

I. NAME, ADDRESS, AND CONTACT FOR PROVIDER OF ELEMENTAL MERCURY (print):

Organization: _____ Telephone #: _____
Street Address: _____
City/Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone #: _____
Street Address: _____
City/Town: _____ State: _____ Zip Code: _____
E-mail Address: _____

II. NAME, ADDRESS, AND CONTACT FOR RECIPIENT OF ELEMENTAL MERCURY (print):

Organization: _____ Telephone #: _____
Street Address: _____
City/Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone #: _____
Street Address: _____
City/Town: _____ State: _____ Zip Code: _____
E-mail Address: _____

III. AMOUNT OF MERCURY TRANSFERRED (pounds): _____ **DATE TRANSFERRED:** _____

IV. USE OF ELEMENTAL MERCURY (Check all that apply):

☐ Medical ☐ Dental Amalgam
☐ Manufacturing ☐ Research
☐ Further Distribution for Above Allowable Uses Only

V. CERTIFICATION: As the recipient of elemental mercury, I certify that:

- (1) The elemental mercury is to be used only for medical, dental amalgam dispose-caps, research, or manufacturing purposes;
- (2) I understand that mercury is toxic and must be stored and used appropriately so that no person is exposed to the mercury; and
- (3) I will not place or allow anyone else under my or my organization's control to place the mercury or cause the mercury to be placed in solid waste for disposal or in a wastewater disposal system.

Signature (of an Authorized Senior Management Official for Recipient)

Date

Print or Type Name and Title of the Authorized Senior Management Official

Recipient should receive a Material Data Safety Sheet (MSDS) with delivery.